

SOUTH DAKOTA PHARMACY LICENSE NEW APPLICATION INSTRUCTIONS

General Information

- License fee is \$200 for Full Time Pharmacy, \$160 for Part Time Pharmacy.
 - Part-time pharmacy license includes providing pharmaceutical services by a registered pharmacist under a pharmacy license issued by the South Dakota Board of Pharmacy on less than full-time operation basis, in hospitals, nursing facilities, and related facilities and where such pharmaceutical services are limited to inpatients.
 - Full-time pharmacy license includes providing pharmaceutical services by a registered pharmacist under a pharmacy license issued by the South Dakota Board of Pharmacy on a full-time operation basis including retail pharmacy, independent pharmacy, long term care, central processor, mail order, compounding (sterile/non-sterile), telepharmacy where pharmaceutical services are provided to out-patients.
 - If uncertain if your business will be a full time or part time pharmacy please contact our office with a description of service before filing the application to ensure proper license type is completed.
- License renewal period is May 1-June 30 each year.
- All licenses will expire June 30 each year. There is no grace period.
- For current South Dakota Statutes and Rules, go to <https://doh.sd.gov/boards/pharmacy/>, under Quick Links are law book link options.
- License fee is \$200 for Full Time Pharmacy, \$160 for Part Time Pharmacy.
- Payment method – Mastercard or Visa **ONLY**.
- User ID and password must be unique for each licensed pharmacy once license is approved/issued.

You must complete the entire application process from start to finish in one sitting

- Online system does not retain any information entered until the application has been submitted and payment process is complete.
- Have all of your pharmacy information and copies of documents for upload ready before beginning the online application process.

Required Documents to be Uploaded

- Notarized Pharmacist-in-Charge Affidavit. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>
- Notarized Supplemental Affidavit must be completed if pharmacist-in-charge is not the sole owner of merchandise and fixtures. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>
- DEA certificate if dispensing controlled substances. As a new licensee, this may not be available.
- A written description of the pharmacy's business describing the prescription drugs and services provided to patients. This is a prepared document by the pharmacy that will need to be uploaded.
- A list of the other state(s) entity is licensed in.

After Application Submission Information

After your application has been submitted, the Board will:

- Review the application
- Email registrant if additional information is needed
- Approve or deny the application

Once the new license is approved/issued, a profile account will need to be set up.

- Instructions to set up a profile account are at the end of this manual (beginning on page 8).
- For the profile account, a unique User ID and password for *each* licensed pharmacy will need to be established.
- Retain User ID/password to have ability to access the licensing platform when needed.

After the license is approved/issued and the profile account is set up, you will be able to do the following:

- To check application status
- Print pharmacy license (instructions on page 10)
- Print a payment receipt (instructions on page 10)

Licensure status can also be verified at:

- Verification page: <http://doh.sd.gov/boards/pharmacy/verification.aspx>

Application for New Pharmacies – Full Time(FT), Part Time(PT) User Manual

Instructions:

1. Click on the link below for initiating a new Full Time (FT) or Part Time (PT) Pharmacy License.
Please Bookmark this page.

<https://sdbop.igovsolution.com/initial/initial/initial.aspx?id=62>

2. Below page will open with instructions:

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- License fee is \$200 for Full Time Pharmacy, \$160 for Part Time Pharmacy.
- Payment method – Mastercard or Visa **ONLY**.
- User ID and password must be unique for each license.

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- Online system does not retain any information entered until the application has been submitted and payment process is complete.
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- Notarized Pharmacist-in-Charge Affidavit. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>
- Notarized Supplemental Affidavit if pharmacist-in-charge is not sole owner of merchandise and fixtures. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>
- DEA certificate if dispensing controlled substances.
- A complete written pharmacy business description (description of prescription drugs and services provided to patients). This is a document prepared by the pharmacy that will need to be uploaded.
- Other states licensed in.

After Application Submission Information

After your application has been submitted, the Board will:

- Review the application
- Email registrant if additional information is needed
- Approve or deny the application

You must log back into the account at https://sdbop.igovsolution.com/online/User_login.aspx

- To check application status
- Print license
- Print a receipt

Application status can also be checked at:

- Verification page: <http://doh.sd.gov/boards/pharmacy/verification.aspx>

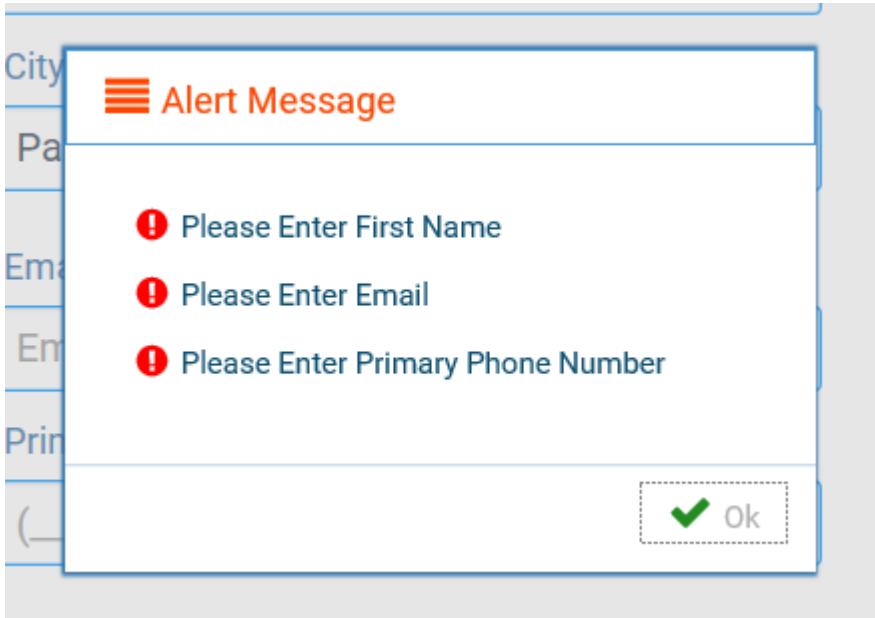
Next

Be sure to read all the instructions on this screen and click on any links provided on the page for more information. Then click on Next button to continue.

General Note

1) Mandatory fields are marked with a red * in all screens and all information must be entered before clicking on next

2) If mandatory fields are not entered, you will get an alert message that alerts to enter those fields like below:



Alert Message

- ❗ Please Enter First Name
- ❗ Please Enter Email
- ❗ Please Enter Primary Phone Number

✓ Ok

3. Complete application:

Click on Next button to begin the application.

LICENSE INFORMATION

LICENSE CLASSIFICATION
☐ Full Time Pharmacy ☐ Part Time Pharmacy

* Legal Name of Business (must be the same as DEA title, if applicable)
 Legal Name of Business: DBA Name, if applicable:

* Address1: Address2: Address3:
 * Zip: * City: * State:

* County: * Phone Number: Fax Number:

* Pharmacy Email:

* DEA # * Proposed Opening Date: ☐ DEA # Pending

* Type of Practice (Check all that apply):
☐ Retail ☐ Independent ☐ Hospital ☐ Telepharmacy ☐ Sterile Compounding
☐ Non-Sterile Compounding ☐ LTC ☐ Uses Central Fill ☐ Central Processor ☐ Other

* Pharmacy Business Description

* Other states licensed in:

☐ No Other States

Pharmacist-in-Charge
 * Pharmacist-in-Charge South Dakota License Number: Pharmacist-in-Charge Name:
 Pharmacist-in-Charge South Dakota License Number: Pharmacist-in-Charge Name:

Average Hours Worked/Week: Pharmacist-in-Charge Email: Pharmacist-in-Charge Phone Number:
 Average Hours Worked/Week: Pharmacist-in-Charge Email:

* Notarized Affidavit affirming Pharmacist-in-Charge understand SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.

License Preparer Information
 Is Pharmacist-in-Charge filling out this application? ☐ Yes ☐ No

- Select the Type of Pharmacy: Full Time or Part Time
- Enter all the required information (marked with red *)
- Enter the DEA#; if DEA# is Still Pending, check the DEA# Pending box
- Select the Type of Practice, select all that apply
- Upload the Pharmacy Business Description
- Enter the other states licensed in either by entering the States names separated by a comma ‘,’ like MN, SD, IA etc. Or alternatively a document listing all states licensed in can be uploaded to meet the requirement. If there are No other states, then check the box for No Other states.
- Enter the Pharmacist-in-Charge (PIC) South Dakota License number and if it is in the system then it will auto populate the PIC name, PIC email. If pharmacist has a reciprocated license, enter license number as R-0000 (R with a dash, then license number)
- Upload completed and notarized Pharmacist Notarized Affidavit Form
- If the License preparer is same as PIC then check the box Yes to the question ‘Is Pharmacist In charge filling out this application?’ If answer is No, then enter all the fields.
- Click on Next button

Ownership:

- Select the Type of Ownership
- Based on the selection you will see the different options to add and / or upload the necessary information
- If you would like to add more than one ownership type (Example: adding 2 or 3 different ownership names under LLC), then use the Click here button to add more details

OWNERSHIP

*** Type of Ownership**

☐ Sole Proprietorship
 ☐ Partnership
 ☐ Corporation
☒ LLC
☐ Other

Name and Address of LLC Click Here

1	Name Of LLC : LLC1	Address1 : A1	Address2 :	Address3 :	Zip : 70091	City : Venice	State : LA	Phone Number : (222) 222-2222	✕
2	Name Of LLC : LLC2	Address1 : A2	Address2 :	Address3 :	Zip : 22101	City : Mc Lean	State : VA	Phone Number : (222) 222-2222	✕

Partner/member/officer information Attach Document

Is pharmacist-in-charge sole owner of merchandise and fixtures? ☐ Yes ☐ No

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Next

- Attach the supporting partner/member/officer document(s)
- Answer ‘Is pharmacist-in-charge sole owner of merchandise and fixtures’ Yes or No.
 - If question is answered ‘no’, upload completed and notarized Notarized Supplement to Application Form.
- Click Next

Employees:

- Select the employees (Staff Pharmacists, Technicians, Interns), if there are None select the option None
- You can either enter the names of the employees by Click here to add More pharmacist/technician/intern button, or alternatively, use the Attach document button upload option to upload a listing of all the employees and the employee's information
 - License or registration number can be entered. If entering a reciprocated pharmacist, enter license number as R-0000 (R with a dash, then the license number).
- Click Next

EMPLOYEES

☒ Staff Pharmacists
☐ None

Click Here To Add More For Staff Pharmacists

Or Upload List Below

☐ Registered Technicians currently working at this location
☐ None

☐ Pharmacist Interns currently working at this location
☐ None

Full Listing of Pharmacists, Technicians, and Interns

Attach Document

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Prescription Drug Monitoring Program (PDMP):

- Answer the PDMP questions

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20E and ARSD 20:51:32. However, a waiver/exemption from reporting to the SD PDMP can be requested. A waiver/exemption can be applied for if this pharmacy provides services for in-patient care only, never dispenses any controlled substances (Schedule II, III, IV-includes CV), or is a medical facility that dispenses an interim quantity on an outpatient emergency basis (not to exceed a 48 hour supply). If this pharmacy does not practice any of these exemption options, then this pharmacy MUST report to the South Dakota Prescription Drug Monitoring Program.

☐ This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.
☒ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP.

Request for Waiver/Exemption from PDMP Reporting (Check all that apply):

☒ Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.
☒ Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation.
☒ Other

* Dispenser NEVER dispenses ANY controlled substances in Schedule II III and IV (includes CV) in - Provide an explanation

Explanation

* Explanation(Other)

Explanation(Other)

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- Click Next

Regulatory questions:

- Answer the Regulatory questions and if answered Yes, explanation(s) **must** be added and **must** upload the supporting document(s).

REGULATORY QUESTIONS

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)? ☒ Yes ☐ No

* Explanation

Management Discipline Documentation

Attach Document

- Click Next

Application Preview page:

- Review the application in this screen before moving to the Payment page. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.
- Use the vertical scroll bar to scroll it down to view.

APPLICATION INPUT PREVIEW

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- DEA certificate if dispensing controlled substances.
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Affirm and Submit Page:


- Check the box as shown below
- Fill the E-signature, select the Debit or Credit card, enter the card type (Visa, MasterCard **ONLY**), enter the card number, Expiration date, Security code (the 3 digits CVV code on your credit card) and click Submit


AFFIRM AND SUBMIT

☐ I certify that the applicant will operate in a manner prescribed by federal and state laws and rules adopted by the Board. I declare and affirm under the penalty of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.


<p>* E-Signature of the person filling out this renewal (Type in full name)</p> <p>E-Signature </p>	<p>* Date</p> <p>05/13/2019</p>	<p>License Fee</p> <p>\$160.00</p>
<p>* Select Debit or Credit</p> <p>Select </p>	<p>* Card Type</p> <p>Select Card Type </p>	<p>* Person's Name on Card</p> <p>Person's Name on Card </p>
<p>* Card #</p> <p>Card # </p>	<p>* Expiration Date (MM/YY)</p> <p>—/— </p>	<p>* Security Code (3-digit number)</p> <p>Security Code </p>

- You will get confirmation number if successful
 - If you entered any invalid information, you will see a message indicating that your card was invalid.

 **Alert Message**



Your application wasn't successful. Credit Card Number Invalid.

 Ok

Click on Ok and reenter the correct information and click on Submit to complete the application.

If submission was successful, you will see a confirmation dialog box with a message indicating that your application was submitted successfully.

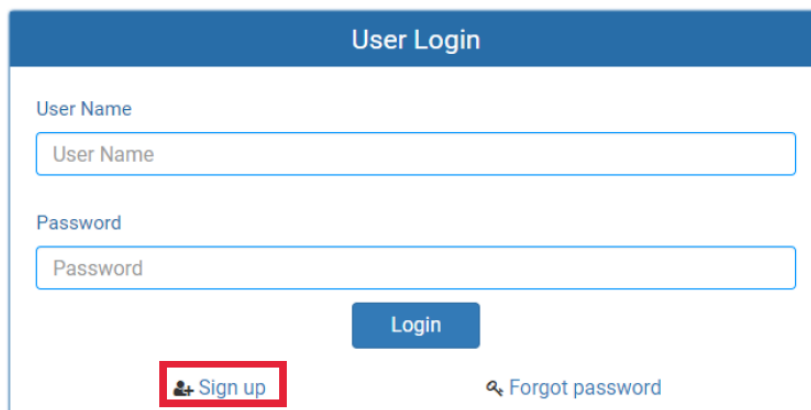
After your application has been submitted, the Board will:

- Review the application
- Email registrant if additional information is needed
- Approve or deny the application

After the new license has been approved/issued:

Once the new license is approved and issued, an Online Business Profile will need to be set up. This will allow the ability to print the facility license and produce a receipt, if desired. Click on this link to begin the process: (https://sdbop.igovsolution.com/online/User_login.aspx) Click on 'Sign up'.

ONLINE BUSINESS PROFILE LOGIN

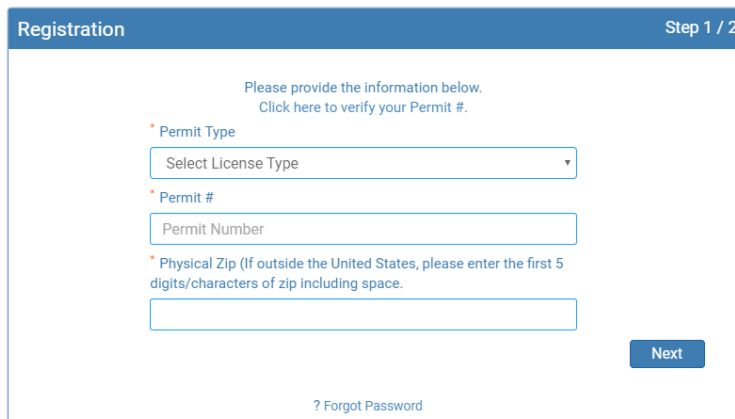


The form is titled "User Login" and is enclosed in a blue-bordered box. It contains two input fields: "User Name" and "Password". Below the "Password" field is a blue "Login" button. To the left of the "Login" button is a red-bordered box containing a user icon and the text "Sign up". To the right of the "Login" button is a link that says "Forgot password" with a magnifying glass icon.

1. Sign up:

- a** Click on the Sign up button in the User Login screen it will take you to the Registration page.

ONLINE BUSINESS PROFILE



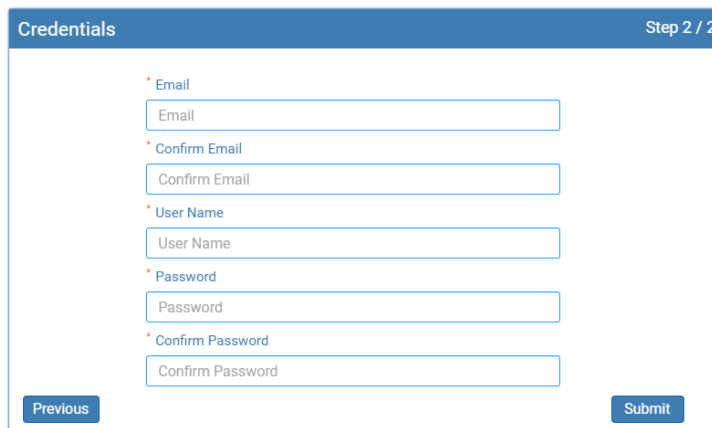
The form is titled "Registration" and is labeled "Step 1 / 2". It contains the following fields and instructions:

- "Please provide the information below. Click here to verify your Permit #."
- "* Permit Type": A dropdown menu with "Select License Type" as the placeholder.
- "* Permit #": A text input field with "Permit Number" as the placeholder.
- "* Physical Zip (If outside the United States, please enter the first 5 digits/characters of zip including space)": A text input field.
- A blue "Next" button.
- A link at the bottom that says "? Forgot Password".

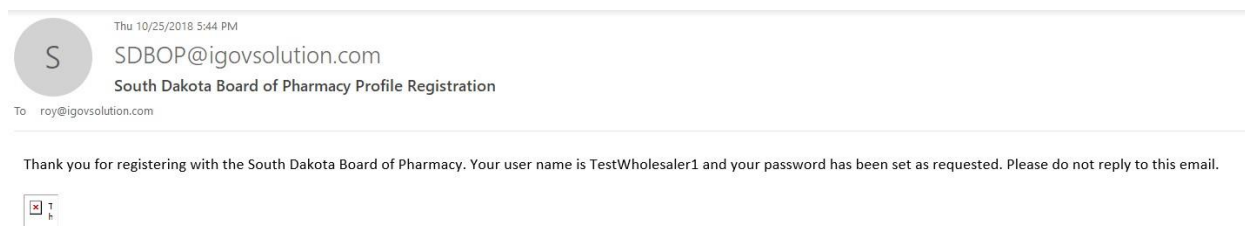
- b** Select the permit type from the drop down (in this case select Full Time or Part Time)
- c** Enter the Permit number (that is printed on your registration certificate / pharmacy license certificate) **Note:** Enter similar to 100-0000 or 200-0000

- ii. License number can be found on the verification page at:
<http://doh.sd.gov/boards/pharmacy/verification.aspx>
- d Then enter the Physical zip of the location / business
- e Click Next and it will take you to the Step 2-- i.e. creating your login credentials, like shown below. Note: Please remember the details that you are entering here in this screen, the email that you are using to register, your user name, and password

ONLINE BUSINESS PROFILE



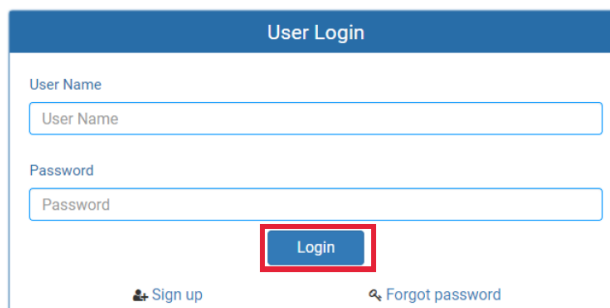
- f Once user registration is successful, an e-mail will be triggered to the e-mail that you provided during your registration with a similar message to what is shown below:



2. Profile Login:

- a. Use the user id and password to login in the Profile page and it will take you to the My Profile page as shown below (https://sdbop.igovsolution.com/online/User_login.aspx):

ONLINE BUSINESS PROFILE LOGIN



- b. To print the facility license, go to the Registration Information section, click on the blue 'Print' under the Certificate column.

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters		
Full Time	100-0057	04/12/2010	03/31/2019	Current/Inactive	05/30/2018		Print

- c. To print a receipt, go the section Payment History section, click on the small printer under the receipt column to the right for receipt desired.

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	
20190430000002890	Credit Card	04/30/2019	SR	\$200.00	